

Fill in this information to identify your case:

Debtor 1 **Jacqueline Elizabeth Ard**
 First Name Middle Name Last Name

Debtor 2 **Terry Frank Nicola**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of **South Carolina**Case number (if **25-01384-JD**
known)

Filed By The Court

4/25/2025 4:14 PM

U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA☐ Check if this is an
amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the
value of collateral.

Column B

Value of collateral
that supports this
claim

Column C

Unsecured
portion
If any

2.1 Estate At Westbury Owners Describe the property that secures the claim: **\$22,625.02** **\$91,950.00** **\$0.00**
 Assoc, Inc

Creditor's Name

Board of Directors**85 Kensington Blvd**

Number Street

Bluffton, SC 29910-4884

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and
 another

☐ Check if this claim relates to a
community debtDate debt was incurred Last 4 digits of account number **1 4 0 7**

PIN R600 031 000 0266 1106

100 Kensington Blvd Unit 1106 Bluffton, SC 29910-7484 Estate at Westbury (violation of the automatic stay)

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☒ Judgment lien from a lawsuit
☐ Other (including a right to
 offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$22,625.02

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.2</u>	Hilton Head Resort Describe the property that secures the claim: <u>\$43,493.32</u> Creditor's Name <u>Board of Directors</u> <u>663 William Hilton Pkwy</u> Number Street <u>Hilton Head, SC 29928-3506</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number <u>4</u> <u>4</u> <u>0</u> <u>8</u> Remarks: Alleged HOA fees	<u>\$43,493.32</u>	<u>\$139,200.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$43,493.32</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u> 25-01384-JD </u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>	
Part 1:	<p>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</p>				
2.3	<p>Nationstar Mortgage, LLC</p> <p>Creditor's Name Attn: Bankruptcy Department PO Box 619096 Number Street Dallas, TX 75261-9741 City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u> 01/27/2022 </u></p>	<p>Describe the property that secures the claim: <u> \$211,866.31 </u></p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> PIN R510 012 000 025B 4408 663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537 </div> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u> 4 </u> <u> 1 </u> <u> 9 </u> <u> 2 </u></p>	<u> \$211,866.31 </u>	<u> \$139,200.00 </u>	<u> \$72,666.31 </u>
2.3	<p>Nationstar Mortgage, LLC (arrearage)</p> <p>Creditor's Name Attn: Bankruptcy Department PO Box 619096 Number Street Dallas, TX 75261-9741 City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u> 01/27/2022 </u></p>	<p>Describe the property that secures the claim: <u> \$38,281.98 </u></p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> PIN R510 012 000 025B 4408 663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537 </div> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u> 4 </u> <u> 1 </u> <u> 9 </u> <u> 2 </u></p>	<u> \$38,281.98 </u>	<u> \$139,200.00 </u>	<u> \$0.00 </u>
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		<u> \$211,866.31 </u>			
<p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p>					

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u> 25-01384-JD </u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
2.4	Norman Jewelry and Loan <hr/> Creditor's Name <u>24777 Telegraph Suite B</u> <hr/> Number Street <hr/> <u>Southfield, MI 48034</u> <hr/> City State ZIP Code <hr/> Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred <u> 08/18/2024 </u> Last 4 digits of account number <u> 1 6 4 7 </u> <hr/> Remarks: Refuse to Turnover Property of the Estate	Describe the property that secures the claim: <u> \$3,260.73 </u> <u> \$25,000.00 </u> <u> \$0.00 </u> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Woman's custom made engagement ring </div> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ <hr/>		
2.5	Polly Nicola <hr/> Creditor's Name <u>2583 Lower Assembly Drive</u> <hr/> Number Street <hr/> <u>Fort Mill, SC 29708</u> <hr/> City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred _____ Last 4 digits of account number _____ <hr/> Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds	Describe the property that secures the claim: <u> unknown </u> <u> \$2,508.87 </u> <u> \$0.00 </u> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Komatsu: Northern Trust (1) </div> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <hr/> Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u> Domestic: MSA (Non-Qualifying DSO) </u> <hr/>		
Add the dollar value of your entries in Column A on this page. Write that number here:		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$3,260.73 </div>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>		

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u> 25-01384-JD </u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
2.6	Polly Nicola <hr/> Creditor's Name 2583 Lower Assembly Drive <hr/> Number Street <hr/> Fort Mill, SC 29708 <hr/> City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred _____ Last 4 digits of account number _____	Describe the property that secures the claim: <u> unknown </u> <u> \$2,356.94 </u> <u> \$0.00 </u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Komatsu: Northern Trust (2)</div> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <hr/> Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u> Domestic: Non-Qualifying DSO </u>		
	Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds			
2.7	Polly Nicola <hr/> Creditor's Name 2583 Lower Assembly Drive <hr/> Number Street <hr/> Fort Mill, SC 29708 <hr/> City State ZIP Code <hr/> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred _____ Last 4 digits of account number _____	Describe the property that secures the claim: <u> unknown </u> <u> \$1,242.06 </u> <u> \$0.00 </u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Komatsu: Joy Global</div> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <hr/> Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u> Domestic: Non-Qualifying DSO </u>		
	Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds			
Add the dollar value of your entries in Column A on this page. Write that number here:		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">\$0.00</div>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"></div>		

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.8</u>	The Spa on Port Royal Sound Creditor's Name <u>Board of Directors</u> <u>239 Beach City Rd</u> Number Street <u>Hilton Head, SC 29926-4707</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>09/25/2023</u> Last 4 digits of account number <u>1 8 1 8</u>	Describe the property that secures the claim: <u>\$47,933.53</u> <div style="border: 1px solid black; padding: 2px;">PIN R510 005 000 008B 3218 239 Beach City Rd Unit 3218 Hilton Head Island, SC 29926-4718</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$132,450.00</u>	<u>\$0.00</u>
<u>2.9</u>	Title Max Corporation Creditor's Name <u>15 Bull St</u> Number Street <u>Savannah, GA 31401-2685</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>09/01/2024</u> Last 4 digits of account number _____	Describe the property that secures the claim: <u>\$4,565.00</u> <div style="border: 1px solid black; padding: 2px;">2017 Hyundai Elantra Needs Radiator and Transmission Work</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Title Loan</u>	<u>\$5,736.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$52,498.53</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		_____		

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
2.10	West-Aircomm FCU <hr/> Creditor's Name c/o Weltman, Weinberg & Reis Co LPA <hr/> 5990 West Creek Road Suite 200 Number Street Independence, OH 44131 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>09/21/2018</u>	Describe the property that secures the claim: <u>\$11,243.32</u> <u>\$10,904.00</u> <u>\$339.32</u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 2018 Jeep Grand Cherokee Needs Transmission Work </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>6</u> <u>2</u> <u>0</u> <u>2</u>		
2.11	Westlake Financial <hr/> Creditor's Name 2 Equity Way Ste 200 <hr/> Number Street Westlake, OH 44145-1045 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>03/28/2023</u>	Describe the property that secures the claim: <u>\$35,584.44</u> <u>\$7,475.00</u> <u>\$28,109.44</u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 2020 Ram Truck ProMaster Needs Transmission Work Commercial Use </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>7</u> <u>0</u> <u>8</u> <u>3</u>		
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$46,827.76</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		 		

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>	
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				
2.14	Zeidmans Jewelry <hr/> Creditor's Name Thomas LaBret and/or Current President <hr/> 24810 Evergreen Road Number Street Southfield, MI 48075 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/09/2024</u> Last 4 digits of account number <u>8</u> <u>7</u> <u>0</u> <u>0</u> Remarks: Refused to Turnover Property of the Estate	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Earrings Ladies</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$172.50</u>	<u>\$600.00</u>	<u>\$0.00</u>
2.15	Zeidmans Jewelry <hr/> Creditor's Name Thomas LaBret and/or Current President <hr/> 24810 Evergreen Road Number Street Southfield, MI 48075 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/09/2024</u> Last 4 digits of account number <u>8</u> <u>7</u> <u>0</u> <u>1</u> Remarks: Refused to Turnover Property of the Estate	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Bracelet Ladies</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$308.75</u>	<u>\$1,200.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"><u>\$481.25</u></div>			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> </div>			

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C	
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.16	Zeidmans Jewelry Creditor's Name Thomas LaBret and/or Current President 24810 Evergreen Road Number Street Southfield, MI 48075 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/10/2024</u> Last 4 digits of account number <u>8 7 7 5</u> Remarks: Refuse to Turnover Property of the Estate	Describe the property that secures the claim: <u>Bracelet Ladies</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$554.00</u>	<u>\$1,800.00</u>	<u>\$0.00</u>
2.17	Zeidmans Jewelry Creditor's Name Thomas LaBret and/or Current President 24810 Evergreen Road Number Street Southfield, MI 48075 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/10/2024</u> Last 4 digits of account number <u>8 7 7 6</u>	Describe the property that secures the claim: <u>Bracelet Ladies</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$336.00</u>	<u>\$1,500.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$890.00</u>			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:					

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
2.18	Zeidmans Jewelry <hr/> Creditor's Name Thomas LaBret and/or Current President <hr/> 24810 Evergreen Road <hr/> Number Street Southfield, MI 48075 <hr/> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/30/2024</u> Last 4 digits of account number <u>2</u> <u>4</u> <u>5</u> <u>0</u>	Describe the property that secures the claim: <u>\$663.00</u> <u>\$2,500.00</u> <u>\$0.00</u> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Gold Herring Bone Heirloom Necklace</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Remarks: Refuse to Turnover Property of the Estate		
2.19	Zeidmans Jewelry <hr/> Creditor's Name Thomas LaBret and/or Current President <hr/> 24810 Evergreen Road <hr/> Number Street Southfield, MI 48075 <hr/> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>11/30/2024</u> Last 4 digits of account number <u>2</u> <u>4</u> <u>5</u> <u>1</u>	Describe the property that secures the claim: <u>\$3,344.40</u> <u>\$23,740.00</u> <u>\$0.00</u> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Ladies Custom made Wedding Ring</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Remarks: Refuse to Turnover Property of the Estate		
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$4,007.40</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<u>\$387,112.82</u>		

Debtor 1	Jacqueline	Elizabeth	Ard	Case number (if known) 25-01384-JD
Debtor 2	Terry	Frank	Nicola	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<p>1. Bromley Law Firm LLC</p> <p>Name Evan K. Bromley</p> <p>211 Goethe Rd Ste B</p> <p>Number Street Bluffton, SC 29910-6014</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.1</p> <p>Last 4 digits of account number _____</p>
<p>2. Julie A. Franklin, Esq</p> <p>Name Po Box 2976</p> <p>Number Street Bluffton, SC 29910-2976</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.1</p> <p>Last 4 digits of account number _____</p>
<p>3. Jones, Simpson, and Newton PA</p> <p>Name Attn: Wm Weston J Newton</p> <p>7 Plantation Park Drive Suite 3</p> <p>Number Street Bluffton, SC 29910</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.2</p> <p>Last 4 digits of account number _____</p>
<p>4. Nationstar Mortgage, LLC</p> <p>Name Attn: Bankruptcy Department</p> <p>PO Box 619096</p> <p>Number Street Dallas, TX 75261-9741</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.3</p> <p>Last 4 digits of account number _____</p>
<p>5. Nationstar Mortgage, LLC</p> <p>Name James Page Bell Carrington Price & Gregg, LLC</p> <p>339 Heyward St, Second Floor</p> <p>Number Street Columbia, SC 29201-4390</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.3</p> <p>Last 4 digits of account number 4 1 9 2</p>
<p>6. Taybron Law Firm LLC</p> <p>Name 3399 Churchview Ave</p> <p>Number Street Pittsburgh, PA 15227-4358</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.5</p> <p>Last 4 digits of account number _____</p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

7.	Morgan Lewis & Bockius LLP Name Attn: Matt Hawes One Oxford Centre, Thirty-Second FLR Number Street Pittsburgh, PA 15219-6401 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number
8.	Komatsu Benefit Dept Name Mark Harder 401 E Greenfield Ave Number Street Milwaukee, WI 53204-2941 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number
9.	Taybron Law Firm LLC Name 3399 Churchview Ave Number Street Pittsburgh, PA 15227-4358 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number
10.	Komatsu Benefit Dept Name Mark Harder 401 E Greenfield Ave Number Street Milwaukee, WI 53204-2941 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number
11.	Morgan Lewis & Bockius LLP Name Attn: Matt Hawes One Oxford Centre, Thirty-Second FLR Number Street Pittsburgh, PA 15219-6401 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number
12.	Taybron Law Firm LLC Name 3399 Churchview Ave Number Street Pittsburgh, PA 15227-4358 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.7</u> Last 4 digits of account number

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

<p>13. <u>Komatsu Benefit Dept</u></p> <p>Name <u>Mark Harder</u></p> <p><u>401 E Greenfield Ave</u></p> <p>Number Street <u>Milwaukee, WI 53204-2941</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.7</u></p> <p>Last 4 digits of account number _ _ _ _</p>
<p>14. <u>Morgan Lewis & Bockius LLP</u></p> <p>Name <u>Attn: Matt Hawes</u></p> <p><u>One Oxford Centre, Thirty-Second FLR</u></p> <p>Number Street <u>Pittsburgh, PA 15219-6401</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.7</u></p> <p>Last 4 digits of account number _ _ _ _</p>
<p>15. <u>Law Office of Scott M. Wild LLC</u></p> <p>Name <u>Scott M. Wild</u></p> <p><u>37 New Orleans Road Suite F</u></p> <p>Number Street <u>Hilton Head Island, SC 29928</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.8</u></p> <p>Last 4 digits of account number _ _ _ _</p>
<p>16. <u>Mutterer Law Firm, LLC</u></p> <p>Name <u>Jannine M. Mutterer, Esq</u></p> <p><u>5 Red Cedar Street Suite 102</u></p> <p>Number Street <u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.8</u></p> <p>Last 4 digits of account number _ _ _ _</p>
<p>17. <u>West-Aircomm FCU</u></p> <p>Name <u>485 Buffalo St POB 568</u></p> <p>Number Street <u>Beaver, PA 15009</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.10</u></p> <p>Last 4 digits of account number _ _ _ _</p>
<p>18. <u>Best Law, PA</u></p> <p>Name <u>Tara E. Nauful</u></p> <p><u>P.O. Box 2374</u></p> <p>Number Street <u>Mount Pleasant, SC 29465</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.12</u></p> <p>Last 4 digits of account number _ _ _ _</p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

19.	Best Law, PA <hr/> Name Tara E. Nauful <hr/> P.O. Box 2374 <hr/> Number Street Mount Pleasant, SC 29465 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.13</u> Last 4 digits of account number <u> </u>
20.	Best Law, PA <hr/> Name Tara E. Nauful <hr/> P.O. Box 2374 <hr/> Number Street Mount Pleasant, SC 29465 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.14</u> Last 4 digits of account number <u> </u>
21.	Best Law, PA <hr/> Name Tara E. Nauful <hr/> P.O. Box 2374 <hr/> Number Street Mount Pleasant, SC 29465 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.15</u> Last 4 digits of account number <u> </u>
22.	Best Law, PA <hr/> Name Tara E. Nauful <hr/> P.O. Box 2374 <hr/> Number Street Mount Pleasant, SC 29465 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.16</u> Last 4 digits of account number <u> </u>
23.	Best Law, PA <hr/> Name Tara E. Nauful <hr/> P.O. Box 2374 <hr/> Number Street Mount Pleasant, SC 29465 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.17</u> Last 4 digits of account number <u> </u>
24.	Best Law, PA <hr/> Name Tara E. Nauful <hr/> P.O. Box 2374 <hr/> Number Street Mount Pleasant, SC 29465 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.18</u> Last 4 digits of account number <u> </u>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

25.	<u>Best Law, PA</u>	On which line in Part 1 did you enter the creditor? <u>2.19</u>
	Name	Last 4 digits of account number _ _ _ _
	<u>Tara E. Nauful</u>	
	<u>P.O. Box 2374</u>	
	Number Street	
	<u>Mount Pleasant, SC 29465</u>	
	City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Jacqueline	Elizabeth	Ard
	First Name	Middle Name	Last Name

Debtor 2 (Spouse, if filing)	Terry	Frank	Nicola
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of South CarolinaCase number 25-01384-JD
(if known)☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	Beaufort Co Treasurer	Last 4 digits of account number <u>3 2 1 8</u>	\$3,702.32	unknown	\$3,702.32
	Priority Creditor's Name Po Box Drawer 487	When was the debt incurred? <u>01/15/2025</u>			
	Number Street Beaufort, SC 29901				
	City State ZIP Code				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
	Remarks: PIN: R510-005-000-008B-3218				

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.2</u>	<u>Beaufort Co Treasurer</u>	Last 4 digits of account number	<u>1 1 0 6</u>	<u>\$2,021.07</u>	<u>unknown</u>	<u>\$2,021.07</u>
Priority Creditor's Name		When was the debt incurred?				
<u>PO Box Drawer 487</u>		<u>01/15/2025</u>				
Number Street						
<u>Beaufort, SC 29901</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: PIN: R600-031-000-0266-1106						
<u>2.3</u>	<u>Beaufort Co Treasurer</u>	Last 4 digits of account number	<u>4 4 0 5</u>	<u>\$3,761.77</u>	<u>unknown</u>	<u>\$3,761.77</u>
Priority Creditor's Name		When was the debt incurred?				
<u>P.O. Box Drawer 487</u>		<u>01/15/2025</u>				
Number Street						
<u>Beaufort, SC 29901</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: PIN: R510-012-000-025B-4405						

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.4</u>	City of Detroit Property Tax Priority Creditor's Name Property Tax PO Box 33193 Number Street Detroit, MI 48232 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 3 7 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$952.72</u>	<u>unknown</u>	<u>\$952.72</u>	
<u>2.5</u>	City of Detroit Property Tax Priority Creditor's Name Property Tax PO Box 33193 Number Street Detroit, MI 48232 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 1 0 9</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$846.53</u>	<u>unknown</u>	<u>\$846.53</u>	

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.6</u>	City of Detroit Water and Sewerage Dept <hr/> Priority Creditor's Name 735 Randolph St <hr/> Number Street <hr/> Detroit, MI 48226-2830 <hr/> City State ZIP Code	Last 4 digits of account number <u>0</u> <u>3</u> <u>0</u> <u>1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,383.51	unknown	\$1,383.51	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>						
<u>2.7</u>	City of Detroit Water and Sewerage Dept <hr/> Priority Creditor's Name 735 Randolph St <hr/> Number Street <hr/> Detroit, MI 48226-2830 <hr/> City State ZIP Code	Last 4 digits of account number <u>3</u> <u>3</u> <u>0</u> <u>1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,782.38	unknown	\$1,782.38	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>						

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.8</u>	Consumer Energy Company Priority Creditor's Name Attn: Legal Dept One Energy Plaza Dr Number Street Jackson, MI 49201-2357 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Utility Services	Last 4 digits of account number <u>8 5 2 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	<u>\$347.83</u>	<u>\$347.83</u>	<u>\$0.00</u>	
<u>2.9</u>	County of Allegheny Treasurer Priority Creditor's Name Room 108 Courthouse 436 Grant St Number Street Pittsburgh, PA 15219 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>P 1 4 6</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$116.36</u>	<u>unknown</u>	<u>\$116.36</u>	

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.10	East Pittsburgh Borough	Last 4 digits of account number	<u>P 1 4 6</u>	<u>\$363.96</u>	<u>unknown</u>	<u>\$363.96</u>
Priority Creditor's Name		When was the debt incurred?				
<u>813 Linden Ave</u>						
Number Street						
<u>East Pittsburgh, PA 15112</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: 513 Main						
2.11	Jordan Tax Service	Last 4 digits of account number	<u>P 1 4 6</u>	<u>\$1,179.46</u>	<u>unknown</u>	<u>\$1,179.46</u>
Priority Creditor's Name		When was the debt incurred?				
<u>102 Rahway Rd</u>						
Number Street						
<u>McMurray, PA 15317</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD
 Debtor 2 Terry Frank Nicola
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.12	Lincoln Township Priority Creditor's Name P.O. Box 239 Number Street Lake George, MI 48633 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 0 0 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$1,638.11</u>	<u>unknown</u>	<u>\$1,638.11</u>	
2.13	Lincoln Township Priority Creditor's Name P.O. Box 239 Number Street Lake George, MI 48633 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 5154 Oak Run	Last 4 digits of account number <u>1 6 0 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$1,711.02</u>	<u>unknown</u>	<u>\$1,711.02</u>	

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.14	Pittsburgh Water Priority Creditor's Name Penn Liberty Plaza I 1200 Penn Avenue Number Street Pittsburgh, PA 15222 City State ZIP Code	Last 4 digits of account number <u>M A I N</u> When was the debt incurred? <u>03/23/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>		<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
2.15	SC Department of Revenue Priority Creditor's Name Office of General Counsel 300A Outlet Point Blvd Number Street Columbia, SC 29210 City State ZIP Code	Last 4 digits of account number <u>3 7 4 8</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		<u>\$0.00</u>	<u>unknown</u>	<u>\$0.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD
 Debtor 2 Terry Frank Nicola
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.16	Wayne Co Treasurer Priority Creditor's Name 400 Monroe 5th floor Number Street Detroit, MI 48226 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 3 7 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$1,238.00</u>	<u>unknown</u>	<u>\$1,238.00</u>	
2.17	Wayne Co Treasurer Priority Creditor's Name 400 Monroe 5th Floor Number Street Detroit, MI 48266 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 1 0 9</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$1,006.69</u>	<u>unknown</u>	<u>\$1,006.69</u>	

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	ADT LLC	Last 4 digits of account number	<u>9 0 9 4</u>	\$1,599.69
Nonpriority Creditor's Name		When was the debt incurred?		
<u>PO Box 371878</u>		<u>10/01/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>Pittsburgh, PA 15250-7878</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Consumer debt</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.2	Advantage Aviator	Last 4 digits of account number	<u>7 5 4 0</u>	\$20,400.68
Nonpriority Creditor's Name		When was the debt incurred?		
<u>Attn Bankruptcy Department</u>				
<u>140 Cooperate Blvd</u>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<u>Norfolk, VA 23502</u>		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.3 <u>American Express National Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Becket and Lee LLP</u></p> <p><u>P.O. Box 3001</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Malvern, PA 19355</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4 0 0 2</u></p> <p>When was the debt incurred? <u>07/1/2023</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$42,254.50</u></p>
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<p>4.4 <u>American Express National Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Becket and Lee LLP</u></p> <p><u>P.O. Box 3001</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Malvern, PA 19355</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 0 0 6</u></p> <p>When was the debt incurred? <u>06/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$1,172.92</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.5 <u>Armstrong Cable</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 37749</u></p> <p>Number Street</p> <p><u>Philadelphia, PA 19101-5049</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 1 0 3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p>\$306.17</p>
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<p>4.6 <u>Associated Credit Services</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 1201</u></p> <p>Number Street</p> <p><u>Tewksbury, MA 01876-0901</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8 8 3 3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p>\$199.99</p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.7 <u>AT&T</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 5014</u></p> <p>Number Street</p> <p><u>Carol Stream, IL 60197-5014</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8</u> <u>8</u> <u>2</u> <u>7</u></p> <p>When was the debt incurred? <u>09/15/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p>\$606.86</p>
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<p>4.8 <u>AT&T</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 5014</u></p> <p>Number Street</p> <p><u>Carol Stream, IL 60197-5014</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4</u> <u>2</u> <u>2</u> <u>7</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p>\$434.13</p>
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Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.9 <u>AWA Collections</u></p> <p>Nonpriority Creditor's Name <u>Santa Rosa Emergency</u></p> <p><u>PO Box 6605</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Orange, CA 92863</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	<p><u>unknown</u></p>
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<p>4.10 <u>Barkley's Bank Navyist Reward</u></p> <p>Nonpriority Creditor's Name <u>Attn Card Services Legal</u></p> <p><u>PO Box 8833</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Wilmington, DE 19899-8902</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> 2 1 6 4 </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$12,856.00</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.11 <u>Beaumont Medical Transport Services</u></p> <p>Nonpriority Creditor's Name</p> <p><u>950 West Maple St Ste. C</u></p> <p>Number Street</p> <p><u>Troy, MI 48084</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 2 7 2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	<p>\$397.50</p>
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<p>4.12 <u>Capital One Auto Finance</u></p> <p>Nonpriority Creditor's Name</p> <p><u>AIS Portfolio Services, LLC</u></p> <p><u>4515 N Santa Fe Ave. Dept. APS</u></p> <p>Number Street</p> <p><u>Oklahoma City, OK 73118</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 7 4 3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p>	<p>\$0.00</p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	CitiBank Best Buy	Last 4 digits of account number	<u>6</u> <u>6</u> <u>9</u> <u>2</u>	\$2,942.86
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Nonpriority Creditor's Name

P.O. Box 790034

When was the debt incurred? 09/12/2024

Number Street

As of the date you file, the claim is: Check all that apply.

Saint Louis, MO 63179-0034

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

4.14	Comenity Caesars Rewards	Last 4 digits of account number	<u>0</u> <u>3</u> <u>0</u> <u>5</u>	\$5,181.32
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Nonpriority Creditor's Name

PO Box 650960

When was the debt incurred? _____

Number Street

As of the date you file, the claim is: Check all that apply.

Dallas, TX 75265

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	<u>Coyne Oil</u>	Last 4 digits of account number	<u>3</u> <u>1</u> <u>2</u> <u>9</u>	<u>\$64.00</u>
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Nonpriority Creditor's Name

Attn: Rose

When was the debt incurred? _____

513 W 5th St

Number Street

As of the date you file, the claim is: Check all that apply.

Clare, MI 48617-9405

City State ZIP Code

☐ Contingent

☐ Unliquidated

☒ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Utilities

Is the claim subject to offset?

☒ No

☐ Yes

4.16	<u>DTE Energy</u>	Last 4 digits of account number	<u>8</u> <u>9</u> <u>1</u> <u>4</u>	<u>\$1,271.71</u>
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Nonpriority Creditor's Name

Attention Legal Department

When was the debt incurred? _____

PO Box 740786

Number Street

As of the date you file, the claim is: Check all that apply.

Cincinnati, OH 45274-0786

City State ZIP Code

☐ Contingent

☐ Unliquidated

☒ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Utilities

Is the claim subject to offset?

☒ No

☐ Yes

Remarks: Utility Services 15826 Appoline

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.17 <u>DTE Energy</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Attention Legal Department</u></p> <p><u>PO Box 740786</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Cincinnati, OH 45274-0786</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8 9 2 2</u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$1,730.37</u></p>
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<p>4.18 <u>First Energy - Penn Power</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 16001</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>reading, PA</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 2 8 4</u></p> <p>When was the debt incurred? <u>07/25/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> </u></p>	<p><u>\$2,780.70</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.19</div>	<p>Fortiva Bobs Discount</p> <p>Nonpriority Creditor's Name TBOM - ATLSA</p> <p>6 Concourse Parkway Second Floor</p> <p>Number Street Atlanta, GA 30328</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3</u> <u>5</u> <u>6</u> <u>2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p>\$2,182.29</p>
<div style="border: 1px solid black; padding: 2px;">4.20</div>	<p>Go-Store It</p> <p>Nonpriority Creditor's Name 33 Parmenter Rd.</p> <p>Number Street Bluffton, SC 29910</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: D0013-15x15x8</p>	<p>Last 4 digits of account number <u>1</u> <u>0</u> <u>5</u> <u>4</u></p> <p>When was the debt incurred? <u>09/30/2024</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p>\$608.20</p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.21 <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: A0002</p>	<p>Last 4 digits of account number <u>8 8 0 4</u></p> <p>When was the debt incurred? <u>11/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$96.00</u></p>
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<p>4.22 <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: C0029</p>	<p>Last 4 digits of account number <u>1 0 9 6</u></p> <p>When was the debt incurred? <u>10/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$507.60</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.23 <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: E0004A</p>	<p>Last 4 digits of account number <u>1 0 6 8</u></p> <p>When was the debt incurred? <u>10/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$343.20</u></p>
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<p>4.24 <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: A0003</p>	<p>Last 4 digits of account number <u>1 0 9 5</u></p> <p>When was the debt incurred? <u>10/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$291.80</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.25 <u>Hilton Head Resort</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Board of Directors</u></p> <p><u>663 William Hilton Pkwy</u></p> <p>Number Street</p> <p><u>Hilton Head, SC 29928-3506</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 3 0 5</u></p> <p>When was the debt incurred? <u>06/30/2023</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>HOA fines</u></p>	<p>\$5,297.63</p>
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<p>4.26 <u>Home Depot Commercial</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Centralized bankruptcy</u></p> <p><u>PO Box 790034</u></p> <p>Number Street</p> <p><u>Saint Louis, MO 63179</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 8 0 8</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p>\$10,381.06</p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.27 <u>Home Depot Loan</u></p> <p>Nonpriority Creditor's Name</p> <p><u>P.O. Box 2730</u></p> <p>Number Street</p> <p><u>Alpharetta, GA 30023</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 7 1 9</u></p> <p>When was the debt incurred? <u>03/13/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$2,672.38</u></p>
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<p>4.28 <u>Hughes Network Systems</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 96874</u></p> <p>Number Street</p> <p><u>Chicago, IL 60693-6874</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 9 3 6</u></p> <p>When was the debt incurred? <u>11/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$0.00</u></p>
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Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.29 <u>JPMC</u></p> <p>Nonpriority Creditor's Name <u>c/o National Bankruptcy Services, LLC</u></p> <p><u>PO Box 9013</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Addison, TX 75001</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> 5 6 7 1 </u></p> <p>When was the debt incurred? <u> 01/03/2024 </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> Credit Card </u></p>	<p><u>\$17,242.49</u></p>
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<p>4.30 <u>JPMorgan Chase Bank, N.A.</u></p> <p>Nonpriority Creditor's Name <u>Robertson, Anschutz, Schneid, Crane</u></p> <p><u>6409 Congress Avenue Ste. 100</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Boca Raton, FL 33487</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> 5 0 4 2 </u></p> <p>When was the debt incurred? <u> 03/22/2024 </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> Credit Card </u></p>	<p><u>\$17,349.55</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.31</div>	<p>JPMorgan Chase Bank, N.A.</p> <p>Nonpriority Creditor's Name</p> <p>Robertson, Anschutz, Schneid, Crane</p> <p>6409 Congress Avenue 100</p> <p>Number Street</p> <p>Boca Raton, FL 33487</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 9 4 9</u></p> <p>When was the debt incurred? <u>03/28/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$33,411.50</u></p>
<div style="border: 1px solid black; padding: 2px;">4.32</div>	<p>Kohls</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 3043</p> <p>Number Street</p> <p>Milwaukee, WI 53201-3043</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$1,405.66</u></p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.33 <u>LVNV Funding, LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Resurgent Captial Services</u></p> <p><u>PO Box 10587</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Greenville, SC 29603-0587</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: Uniform Claim ID: RSG-00248-804400462</p>	<p>Last 4 digits of account number <u>5 1 4 3</u></p> <p>When was the debt incurred? <u>10/09/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$267.15</u></p>
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<p>4.34 <u>LVNV Funding, LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Resurgent Captial Services</u></p> <p><u>PO Box 10587</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Greenville, SC 29603-0587</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: Uniform Claim ID: RSG-00248-804407818</p>	<p>Last 4 digits of account number <u>6 9 7 8</u></p> <p>When was the debt incurred? <u>10/09/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$801.28</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.35</div>	<p>Medical University of South Carolina</p> <p>Nonpriority Creditor's Name</p> <p>1 Poston Rd Ste 220</p> <p>Number Street</p> <p>Charleston, SC 29407</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 2 7 5</u></p> <p>When was the debt incurred? <u>04/08/2025</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	<p><u>unknown</u></p>
<div style="border: 1px solid black; padding: 2px;">4.36</div>	<p>NES</p> <p>Nonpriority Creditor's Name</p> <p>2479 Edison Blvd Unit A</p> <p>Number Street</p> <p>Twinsburg, OH 44087</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 7 1 3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><u>\$10,323.49</u></p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.37 <u>NES</u></p> <p>Nonpriority Creditor's Name</p> <p><u>2479 Eddison Blvd Unit A</u></p> <p>Number Street</p> <p><u>Twinsburg, OH 44087</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 4 0 3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$8,960.51</p>
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<p>4.38 <u>Office Depot Commercial</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 70612</u></p> <p>Number Street</p> <p><u>Philadelphia, PA 19176-0612</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 3 6 0</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$1,889.18</p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.39 <u>Ohio Turnpike Easy Pass</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 94672</u></p> <p>Number Street</p> <p><u>Cleveland, OH 44101</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Tickets</u></p>	<p><u>unknown</u></p>
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<p>4.40 <u>Pacer Service Center</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 780549</u></p> <p>Number Street</p> <p><u>San Antonio, TX 78278</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 3 6 3</u></p> <p>When was the debt incurred? <u>03/10/2025</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p>	<p><u>\$1,035.20</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.41 <u>Palmetto Electric</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Attn: Michelle Tyler</u></p> <p><u>111 Matthews Drive</u></p> <p>Number Street</p> <p><u>Hilton Head Island, SC 29926</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: Utility Services for 3218</p>	<p>Last 4 digits of account number <u>4 0 0 7</u></p> <p>When was the debt incurred? <u>01/27/2025</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$856.04</u></p>
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<p>4.42 <u>Palmetto Electric</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Attn: Michelle Tyler</u></p> <p><u>111 Matthews Drive</u></p> <p>Number Street</p> <p><u>Hilton Head Island, SC 29926</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: Utility Service for 4408</p>	<p>Last 4 digits of account number <u>4 0 0 9</u></p> <p>When was the debt incurred? <u>02/10/2025</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.43 <u>Palmetto Electric</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Attn: Michelle Tyler</u></p> <p><u>111 Matthews Drive</u></p> <p>Number Street</p> <p><u>Hilton Head Island, SC 29926</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: Utility Service for 4405</p>	<p>Last 4 digits of account number <u>4</u> <u>0</u> <u>0</u> <u>8</u></p> <p>When was the debt incurred? <u>02/20/2025</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>unknown</u></p>
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<p>4.44 <u>Peoples Gas</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 644760</u></p> <p>Number Street</p> <p><u>Pittsburgh, PA 15264-4760</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1</u> <u>6</u> <u>3</u> <u>9</u></p> <p>When was the debt incurred? <u>04/23/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$860.53</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45	PODS	Last 4 digits of account number	<u>4</u> <u>6</u> <u>1</u> <u>4</u>	\$1,883.00
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Nonpriority Creditor's Name

Legal Department

5585 Rio Vista Dr.

Number Street

Clearwater, FL 33760

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

10/01/2024

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Storage Bill

4.46	Quantum3 Group LLC	Last 4 digits of account number	<u>7</u> <u>0</u> <u>0</u> <u>2</u>	\$4,073.98
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Nonpriority Creditor's Name

Agent for Crown Asset Management LLC

PO Box 788

Number Street

Kirkland, WA 98083-0788

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

09/05/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Remarks: Uniform Claim ID: Q2141424518

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.47 <u>Resurgent Receivables, LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Resurgent Capital Services</u></p> <p><u>PO Box 10587</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Greenville, SC 29603-0587</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: Uniform Claim ID: RSG-00248-804427110</p>	<p>Last 4 digits of account number <u> 7 4 7 8 </u></p> <p>When was the debt incurred? <u> 05/15/2024 </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> Credit Card </u></p>	<p><u>\$485.80</u></p>
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<p>4.48 <u>SC Department of Motor Vehicles</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 1498</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Blythewood, SC 29016-0028</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> 7 0 2 5 </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> Tickets </u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.49	Synchrony Bank	Last 4 digits of account number	<u>1</u> <u>3</u> <u>5</u> <u>4</u>	<u>\$3,493.08</u>
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Nonpriority Creditor's Name

Paypal Credit

When was the debt incurred? _____

PO Box 669809

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

Dallas, TX 75266

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify _____

Is the claim subject to offset?

☒ No

☐ Yes

4.50	Synchrony Bank Sams Business	Last 4 digits of account number	<u>5</u> <u>4</u> <u>8</u> <u>7</u>	<u>\$6,016.04</u>
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Nonpriority Creditor's Name

PO Box 669809

When was the debt incurred? _____

Number Street

As of the date you file, the claim is: Check all that apply.

Dallas, TX 75266

☐ Contingent

City State ZIP Code

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only

☐ Student loans

☒ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Credit Card

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.51 <u>Synchrony Bank Sams Master Card</u></p> <p>Nonpriority Creditor's Name <u>PO Box 669809</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Dallas, TX 75266</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> 7 8 2 2 </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$8,690.41</u></p>
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<p>4.52 <u>Synchrony Bank Score Rewards</u></p> <p>Nonpriority Creditor's Name <u>PO Box 669809</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Dallas, TX 75266</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$854.71</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.53	TD Bank Nonpriority Creditor's Name PO Box 840 Number Street Columbus, GA 31908 City State ZIP Code	Last 4 digits of account number <u>2 5 7 3</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Bank Account</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.54	TD Bank Nonpriority Creditor's Name Target PO Box 673 Number Street Minneapolis, MN 55440-0673 City State ZIP Code	Last 4 digits of account number <u>3 4 7 7</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,398.35
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	<u> Jacqueline </u>	<u> Elizabeth </u>	<u> Ard </u>	Case number (if known) <u> 25-01384-JD </u>
Debtor 2	<u> Terry </u>	<u> Frank </u>	<u> Nicola </u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.55</div>	<p>The Huntington National Bank</p> <hr/> <p>Nonpriority Creditor's Name</p> <p>PO Box 89424 OPC856</p> <hr/> <p>Number Street</p> <p>Cleveland, OH 44101</p> <hr/> <p>City State ZIP Code</p>	<p>Last 4 digits of account number <u> 3 </u> <u> 0 </u> <u> 5 </u> <u> 8 </u></p> <p>When was the debt incurred? <u> 10/26/2023 </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> Credit Card </u></p>	<p><u>\$12,878.39</u></p>
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

<div style="border: 1px solid black; padding: 2px;">4.56</div>	<p>The Huntington National Bank</p> <hr/> <p>Nonpriority Creditor's Name</p> <p>PO Box 89424 OPC856</p> <hr/> <p>Number Street</p> <p>Cleveland, OH 44101</p> <hr/> <p>City State ZIP Code</p>	<p>Last 4 digits of account number <u> 7 </u> <u> 0 </u> <u> 4 </u> <u> 3 </u></p> <p>When was the debt incurred? <u> 07/24/2023 </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u> Credit Card </u></p>	<p><u>\$14,395.02</u></p>
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.57	The Woodlands at Saint Barnabas, inc Nonpriority Creditor's Name Thomas E. Breath 128 West Cunningham St Number Street Butler, PA 16001 City State ZIP Code	Last 4 digits of account number <u>1 0 1 8</u> When was the debt incurred? <u>10/04/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$58,550.40
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Rent</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: Dillon, McCandless, King, Coulter & Graham, LLP			

4.58	Thomas and Claudia Crook Nonpriority Creditor's Name Attn Braun Kendrick Finkbeiner, PLC 4301 Fashion Square Blvd Number Street Saginaw, MI 48603 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	unknown
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal Dispute</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.59 <u>T-Mobile</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 742596</u></p> <p>Number Street</p> <p><u>Cincinnati, OH 45274-2596</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 2 3 7</u></p> <p>When was the debt incurred? <u>10/01/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u></p>	<p><u>\$956.78</u></p>
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<p>4.60 <u>Traffic Magistrate</u></p> <p>Nonpriority Creditor's Name</p> <p><u>4819 Bluffton Parkway</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Ticket</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.61</div>	<p>U.S. Department of Education c/o Nelnet</p> <p>Nonpriority Creditor's Name</p> <p>121 South 13th St</p> <p>Number Street</p> <p>Lincoln, NE 68508</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3</u> <u>7</u> <u>4</u> <u>8</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<p><u>\$76,223.69</u></p>
<div style="border: 1px solid black; padding: 2px;">4.62</div>	<p>Verizon</p> <p>Nonpriority Creditor's Name</p> <p>Wireless Bankruptcy Administration</p> <p>500 Technology Dr Ste. 500</p> <p>Number Street</p> <p>Saint Charles, MO 63304</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>1</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><u>\$987.01</u></p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.63 <u>West Virginia EZ Pass</u></p> <p>Nonpriority Creditor's Name</p> <p><u>300 Spruce St.</u></p> <p>Number Street</p> <p><u>Morgantown, WV 26505</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Ticket</u></p>	<p><u>unknown</u></p>
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<p>4.64 <u>Wright's Custom Body Shop LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>1216 Leeson Ave</u></p> <p>Number Street</p> <p><u>Cadillac, MI 49601-9097</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 6 6 1</u></p> <p>When was the debt incurred? <u>04/14/2023</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <u> </u></p>	<p><u>unknown</u></p>
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Remarks: Progressive Insurance Claim 23-7602661

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<p>1. <u>Detroit Water and Sewerage Dept</u></p> <p>Name <u>Po Box 554899</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Detroit, MI 48255-4899</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>2.6</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>2. <u>Detroit Water and Sewerage Dept</u></p> <p>Name <u>Po Box 554899</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Detroit, MI 48255-4899</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>2.7</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>3. <u>ADT Security Services</u></p> <p>Name <u>PO Box 650485</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Dallas, TX 75265-0485</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>4. <u>Portfolio Recovery</u></p> <p>Name <u>PO Box 8828</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Wilmington, DE 19899</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>5. <u>Armstrong Cable</u></p> <p>Name <u>437 North Main St</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Butler, PA 16001</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>6. <u>Valor Intelligent Processing, LLC</u></p> <p>Name <u>12005 Ford Rd 700</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Dallas, TX 75234</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<p>7. <u>AT&T</u></p> <p>Name <u>PO Box 5080</u></p> <p>Number Street</p> <p><u>Carol Stream, IL 60197-5014</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>8. <u>Americollect</u></p> <p>Name <u>PO Box 2080</u></p> <p>Number Street</p> <p><u>Manitowoc, WI 54221-2080</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>9. <u>Penn Power</u></p> <p>Name <u>PO Box 3687</u></p> <p>Number Street</p> <p><u>Akron, OH 44309-3687</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>10. <u>Fortiva</u></p> <p>Name <u>PO Box 650721</u></p> <p>Number Street</p> <p><u>Dallas, TX 75265</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.19</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>11. <u>Go-Store it Management, LLC</u></p> <p>Name <u>6805 Carnegie Blvd. Ste 250</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28211-4276</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>12. <u>Go-Store it Management, LLC</u></p> <p>Name <u>6805 Carnegie Blvd. Ste 250</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28211-4276</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<p>13. <u>Go-Store it Management, LLC</u></p> <p>Name <u>6805 Carnegie Blvd. Ste 250</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28211-4276</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.22</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>14. <u>Go-Store it Management, LLC</u></p> <p>Name <u>6805 Carnegie Blvd. Ste 250</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28211-4276</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>15. <u>Go-Store it Management, LLC</u></p> <p>Name <u>6805 Carnegie Blvd. Ste 250</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28211-4276</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>16. <u>Wm Weston J Newton</u></p> <p>Name <u>Jones, Simpson, & Newton, P.A.</u></p> <p><u>7 Plantation Park Drive Ste 3</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>17. <u>Home Depot Credit Services</u></p> <p>Name <u>PO Box 790345</u></p> <p>Number Street</p> <p><u>Saint Louis, MO 63179-0345</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>
<p>18. <u>Home Depot Loan #3877</u></p> <p>Name <u>6125 Lakeview Rd Ste. 800</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28269-2613</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u> </u></p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) 25-01384-JD
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

19.	Hughes Network Systems	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.28 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
11717 Exploration Lane		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Germantown, MD 20876		
City State ZIP Code		
20.	JPMorgan Chase Bank, N.A.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.29 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Payments		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 15368		Last 4 digits of account number _____
Number Street		
Wilmington, DE 19850		
City State ZIP Code		
21.	Chipumoi, Nicolas	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.30 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
6409 Congress Ave Ste 100		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Boca Raton, FL 33487-2853		
City State ZIP Code		
22.	JPMorgan Chase Bank, N.A.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.31 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Payments		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 15368		Last 4 digits of account number _____
Number Street		
Wilmington, DE 19850		
City State ZIP Code		
23.	Kohls Payment Center	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.32 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
PO Box 1456		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Charlotte, NC 28201-1456		
City State ZIP Code		
24.	PNC Bank	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.36 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
PO Box 609		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Pittsburgh, PA 15230-9738		
City State ZIP Code		

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) 25-01384-JD
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<p>25. <u>PNC National Association</u></p> <p>Name <u>PO Box 5570</u></p> <p>Number Street</p> <p><u>Cleveland, OH 44101-0570</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.37</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>26. <u>Office Depot</u></p> <p>Name <u>PO Box 78004</u></p> <p>Number Street</p> <p><u>Phoenix, AZ 85062</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.38</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>27. <u>US Courts; PACER</u></p> <p>Name <u>PO Box 5208</u></p> <p>Number Street</p> <p><u>Portland, OR 97208</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.40</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>28. <u>Palmetto Electric Cooperative Inc</u></p> <p>Name <u>PO Box 70878</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28272-0878</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>29. <u>Palmetto Electric Cooperative Inc</u></p> <p>Name <u>PO Box 70878</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28272-0878</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.42</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>30. <u>Palmetto Electric Cooperative Inc</u></p> <p>Name <u>PO Box 70878</u></p> <p>Number Street</p> <p><u>Charlotte, NC 28272-0878</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.43</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<p>31. National Recovery Agency</p> <p>Name <u>2491 Paxton St.</u></p> <p>Number Street</p> <p><u>Harrisburg, PA 17111</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.44</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number <u>6 5 3 1</u></p>
<p>32. PODS</p> <p>Name <u>280 Leetsdale Industrial Dr. Ste 200</u></p> <p>Number Street</p> <p><u>Leetsdale, PA 15056</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.45</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>33. PODS Enterprises, LLC</p> <p>Name <u>13535 Feather Sound Dr</u></p> <p>Number Street</p> <p><u>Clearwater, FL 33762</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.45</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>34. Quantum3 Group, LLC</p> <p>Name <u>PO Box 2489</u></p> <p>Number Street</p> <p><u>Kirkland, WA 98083-2489</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.46</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>35. SC Driver Records</p> <p>Name <u>PO Box 1498</u></p> <p>Number Street</p> <p><u>Blythewood, SC 29016</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.48</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>36. Target Card Services</p> <p>Name <u>PO Box 660170</u></p> <p>Number Street</p> <p><u>Dallas, TX 75266-0170</u></p> <p>City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) 25-01384-JD
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

37. <u>The Huntington National Bank</u> Name <u>5555 Cleveland Ave GW4W122</u> Number Street <u>Columbus, OH 43231</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.55</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
38. <u>The Huntington National Bank</u> Name <u>5555 Cleveland Ave GW4W122</u> Number Street <u>Columbus, OH 43231</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.56</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
39. <u>St. Barnabas</u> Name <u>5850 Meridian Rd.</u> Number Street <u>Gibsonia, PA 15044</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.57</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
40. <u>T-Mobile Customer Relations</u> Name <u>PO Box 37380</u> Number Street <u>Albuquerque, NM 87176-7380</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.59</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
41. <u>T-Mobile</u> Name <u>c/o American Infosource, LP</u> <u>4515 N Santa Fe Ave.</u> Number Street <u>Oklahoma City, OK 73118-7901</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.59</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
42. <u>US Department of Education</u> Name <u>PO Box 2837</u> Number Street <u>Portland, OR 97208</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.61</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

43.	University of Michigan Dearborn	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.61 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
4901 Evergreen Rd.		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Dearborn, MI 48128		
City State ZIP Code		
44.	Verizon	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.62 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
1095 Avenue of The Americas		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
New York, NY 10036		
City State ZIP Code		
45.	Progressive Insurance	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.64 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
30440 Lakeland Blvd		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Wickliffe, OH 44092		
City State ZIP Code		

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a.	Domestic support obligations	6a. <u>\$0.00</u>
	6b.	Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c.	Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$22,051.73</u>
	6e.	Total. Add lines 6a through 6d.	6e. <u>\$22,051.73</u>
		Total claim	
Total claims from Part 2	6f.	Student loans	6f. <u>\$76,223.69</u>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$326,645.11</u>
	6j.	Total. Add lines 6f through 6i.	6j. <u>\$402,868.80</u>

Fill in this information to identify your case:

Debtor 1	Jacqueline	Elizabeth	Ard
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Terry	Frank	Nicola
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of South Carolina			
Case number (if known)	25-01384-JD		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Global Management Group LLC

Name

21215 Dartmouth Dr

Number Street

Southfield, MI 48076-5634

City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.30, 4.59, 4.64**

☐ Schedule G, line _____

3.2 Louis

Name

21215 Dartmouth Dr

Number Street

Southfield, MI 48076-5634

City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.7, 4.8**

☐ Schedule G, line _____